

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90026 042 ****70.00

DOCUMENT # N04476 1. Entity Name THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB, INC.					
Principal Place of Business C/O FRED W. OGILVIE 207 DOGWOOD WAY PERRY, FL 32348			Mailing Address C/O FRED W. OGILVIE 207 DOGWOOD WAY PERRY, FL 32348		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2961747		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OGILVIE, FRED W. 207 DOGWOOD WAY PERRY, FL 32348			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, BARBARA 530 EAST ASH ST PERRY, FL 32347 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OGILVIE, FRED W 207 DOGWOOD WAY PERRY, FL 32348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAULERSON, JEANNE 2675 BAXTER RD. PERRY, FL 32348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULBREATH, BETTY 103 CREST DR PERRY, FL 32348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFF, MACK J 2128 FERNS ST PERRY, FL 32347 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CULBREATH, ERIC 103 CREST DR PERRY, FL 32348 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Evans, June 515 W. Green St. Perry, Fla 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Fred W. Ogilvie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/08 <small>Date</small>		850-584-4308 <small>Daytime Phone #</small>

ATTACHMENT

40099859

#N04476

THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB

LISTING OF ADDITIONAL OFFICERS AND DIRECTORS

2008 REPORT

TITLE	NAME	ADDRESS
D	Childs, Robert R.	116 Pine Tree Rd. Perry, Fl 32348
D	Kinsey, Jo	2416 Shelton Edwards Rd. Perry, Fl 32348
D	Smith, Al	2219 Golf Course Rd. Perry, Fl 32348
V/D	Woodell, Marjorie	136 Palmetto Street Perry, Fl 32348
D	Woodford, Christell	1572 Pine Crest Street Perry, Fl 32347